

Michigan Department of Community Health

Board of Nursing

P.O. Box 30193

Lansing, Michigan 48909

(517) 335-0918

NURSE SPECIALTY CERTIFICATION INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Nursing. Questions regarding your application can be directed to the Michigan Board of Nursing at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. Applications submitted without the required licensing fee, applicant's signature and date will be returned.

GENERAL INFORMATION

1. The Michigan Board of Nursing may issue a nurse specialty certification to a currently licensed Michigan registered nurse if the applicant can meet the state certification requirements.
2. Complete the Application for Nurse Specialty Certification and submit it along with the appropriate fee to the Board office. The check or money order must be drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
3. You are required by law to notify this office within 30 days if:
 - a. **YOU CHANGE YOUR NAME** - Send a letter advising us of the name change. Please be sure to include your license number and the name under which you are currently licensed as well as your new name. This information can be faxed to (517) 373-2179.
 - b. **YOU CHANGE YOUR ADDRESS** - Send correct address information including street number, street name, apartment number, P.O. Box or R.D. number, city, state and ZIP Code. Be sure to include your license number in the correspondence. This information can be faxed to (517) 373-2179.
4. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing in writing to request a refund.
5. Provide verification that you meet the requirements for Michigan Nurse Specialty Certification as indicated below:

NURSE ANESTHETIST SPECIALTY CERTIFICATION - You must hold a current Michigan R.N. license in addition to the following:

- A. Complete Section I of the Nurse Anesthetist Specialty Certification form.
- B. Forward the Nurse Anesthetist Specialty Certification form to the Council on Certification of Nurse Anesthetists for completion of Section II verifying your current certification. **This completed Nurse Anesthetist Specialty Certification form must be received by the Michigan Board of Nursing office DIRECTLY FROM your certifying agency.**

NURSE MIDWIFE SPECIALTY CERTIFICATION - You must hold a current Michigan R.N. license in addition to the following:

- A. Complete Section I of the Nurse Midwife Specialty Certification form.
- B. Forward the Nurse Midwife Specialty Certification form to the American College of Nurse-Midwives for completion of Section II verifying your current certification. **This completed Nurse Midwife Specialty Certification form must be received by the Michigan Board of Nursing office DIRECTLY FROM your certifying agency.**

NURSE PRACTITIONER SPECIALTY CERTIFICATION - You must hold a current Michigan R.N. license and have a Bachelor of Science degree, or higher degree, in nursing, in addition to the following:

- A. Complete Section I of the Nurse Practitioner Specialty Certification form and forward it to the appropriate agency that can verify you hold certification in one of the following areas:

AMERICAN NURSES CREDENTIALING CENTER

Adult Nurse Practitioner	Clinical Specialist in Medical/Surgical Nursing
Family Nurse Practitioner	Clinical Specialist in Home Health Nursing
Acute Care Nurse Practitioner	Clinical Specialist in Adult Psychiatric and Mental Health Nursing
School Nurse Practitioner	Clinical Specialist in Child & Adolescent Psychiatric and Mental Health Nursing
Gerontological Nurse Practitioner	Clinical Specialist in Community Health Nursing
Pediatric Nurse Practitioner	Clinical Specialist in Gerontological Nursing

ONCOLOGY NURSING CERTIFICATION CORPORATION

NATIONAL CERTIFICATION CORPORATION FOR THE OBSTETRIC, GYNECOLOGIC, & NEONATAL NURSING SPECIALTIES

Neonatal Nurse Practitioner
OB/GYN Nurse Practitioner/Women's Health Care Nurse Practitioner

**NATIONAL CERTIFICATION BOARD OF PEDIATRIC NURSE PRACTITIONERS AND NURSES
AMERICAN ACADEMY OF NURSE PRACTITIONERS**

The completed nurse practitioner specialty certification form must be received by the Michigan Board of Nursing directly from the national certifying agency.

- B. Complete Section I of the Certification of Nurse Practitioner Education form and forward it to the educational institution from which you obtained your nurse practitioner education for completion of Section II. **This completed Nurse Practitioner Specialty Certification form must be received by the Michigan Board of Nursing office DIRECTLY FROM the educational institution.**
- C. Arrange for official transcripts of your nurse practitioner education to be forwarded to the Michigan Board of Nursing office **DIRECTLY FROM** the educational institution.

THE NURSE SPECIALTY CERTIFICATION WILL EXPIRE ON THE SAME DAY AS YOUR RN LICENSE. YOUR NURSE SPECIALTY CERTIFICATION CANNOT BE RENEWED UNTIL YOUR RN LICENSE IS RENEWED. HOWEVER, YOU CAN SUBMIT BOTH FOR RENEWAL AT THE SAME TIME.

Board of Nursing

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**APPLICATION FOR NURSE SPECIALTY
CERTIFICATION**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, certification will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING : Note: A separate application and fee must be filed for each certification desired.

- ☐ Nurse Practitioner
- ☐ Nurse Midwife
- ☐ Nurse Anesthetist

If your R.N. License Expires:

in 13-24 Months the Fee is \$52.00 71-4704-021156
in 5-12 Months the Fee is \$38.00 71-4704-011156
in 0-4 Months the Fee is \$52.00 71-4704-021156

***If your current RN license expires within 120 days, you must pay the larger fee and your certification will be issued with your renewed, 2 year license.**

Your check or money order drawn on a U.S. Financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Board Use Only

License Number

Date of Licensure

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan RN Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	

SPECIALTY EDUCATION INFORMATION

Name of Specialty Education Program Attended
Location (City and State)
Date of Attendance

NURSE PRACTITIONER APPLICANTS ONLY:

Name of school granting your Bachelor of Science degree in Nursing:

CERTIFICATION

I certify that the above statements about my qualifications for a Michigan nurse specialty certification are true.

Signature of Applicant:	Date:
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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NURSE PRACTITIONER SPECIALTY CERTIFICATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

INSTRUCTIONS: Applicant should complete Section I. Type or print your name exactly as it appears on your Registered Nurse application. Send this form to the appropriate certifying agency for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the appropriate certifying agency.**

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan RN Permanent ID Number and Expiration Date:
Street Address		
City	State	ZIP Code
Signature		Date

Indicate Agency of National Certification

☐ AMERICAN NURSES CREDENTIALING CENTER

- | | |
|--|--|
| <input type="checkbox"/> Acute Care Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Home Health Nursing |
| <input type="checkbox"/> Adult Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Medical/Surgical Nursing |
| <input type="checkbox"/> Family Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Adult Psychiatric & Mental Health Nursing |
| <input type="checkbox"/> School Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Child & Adolescent Psychiatric & Mental Health Nursing |
| <input type="checkbox"/> Gerontological Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Community Health Nursing |
| <input type="checkbox"/> Pediatric Nurse Practitioner | <input type="checkbox"/> Clinical Specialist in Gerontological Nursing |

☐ ONCOLOGY NURSING CERTIFICATION CORPORATION☐ NATIONAL CERTIFICATION CORP. FOR THE OBSTETRIC, GYNECOLOGIC AND NEONATAL NURSING SPECIALTIES

- ☐ Neonatal Nurse Practitioner
- ☐ OB/GYN Nurse Practitioner/Women's Health Care Nurse Practitioner

☐ NATIONAL CERTIFICATION BOARD OF PEDIATRIC NURSE PRACTITIONER AND NURSES☐ AMERICAN ACADEMY OF NURSE PRACTITIONERS FOR ADULT & FAMILY NURSE PRACTITIONERS

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification or recertification by the :

Name of Certifying Agency

as a _____

Date of Certification Certification Number Expiration Date

Authorized Signature of Certifying Agency Date
(SEAL)

Print or Type name

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CERTIFICATION OF NURSE PRACTITIONER EDUCATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your Registered Nurse license. Send this form to the educational institution where you obtained your nurse practitioner training for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the educational institution along with official transcripts of your nurse practitioner education.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
Social Security Number	Date of Birth	Michigan RN Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Signature of Applicant		Date

SECTION II - CERTIFICATION OF NURSE PRACTITIONER PROGRAM

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification, along with a copy of the applicant's transcript or record of grades, directly to the Michigan Board of Nursing at the address above.	
Name of Educational Institution 	
I certify that _____ <div style="text-align: center;">Name of Applicant</div> completed a formal advanced nursing program at the above named educational institution that consisted of a combination of didactic and clinical training with a minimum of 120 hours or 30% of the program's hours devoted to classroom theory and a minimum of 360 or 30% of the program's hours devoted to supervised clinical practice in the specialty area. The program was a minimum of one academic year or nine months.	
Signature of Program Administrator 	Date
Print or Type Name 	(SEAL)

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NURSE MIDWIFE SPECIALTY CERTIFICATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your Registered Nurse license. Send this form to the designated certifying agency for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan RN Permanent ID Number and Expiration Date
Street Address		
City	State	ZIP Code
Signature of Applicant		Date

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification by the ACNM Certification Council (ACC) :

American College of Nurse-Midwives Certification Council

Date of Certification: _____

Certification Number: _____

Expiration Date : _____

Authorized Signature - ACNM Certification Council

Date

Print or Type name

(S E A L)

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NURSE ANESTHETIST SPECIALTY CERTIFICATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, certification will not be issued.

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your Registered Nurse license. Send this form to the designated certifying agency for completion of Section II. **This certification must be submitted directly to the Michigan Board of Nursing by the designated certifying agency.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan R.N. Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	
Signature of Applicant		Date

SECTION II - CERTIFICATION OF LICENSURE

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the address above.

This is to certify that the person identified above has met the requirements for certification or recertification by the :

Council on Certification or Council on Recertification of Nurse Anesthetists

Date of Initial Certification: _____

Date of Recertification: _____

Recertification Number : _____

Expiration Date: _____

Authorized Signature of Certifying Agency

Date

Print or Type Name

(S E A L)